

**APPLICATION DATA SHEET**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	None
Suggested Group Art Unit::	None
CD-ROM or CD-R?	None
Title::	PHARMACEUTICAL COMPOSITION OF 1-(3-HYDROXY-4-METHOXYPHENYL)-4-METHYL-5-ETHYL-7,8-DIMETHOXY-5H-2,3-BENZODIAZEPINE AND USES THEREOF
Attorney Docket Number::	18184-0003 US
Request for Early Publication?	No
Request for Non-Publication?	No
Suggested Drawing Figure?	N/A
Total Drawing Sheets::	0
Small Entity::	Yes
Petition included?	No
Secrecy Order in Parent Appl.?	No

**Applicant One Information**

Applicant Authority type::	Inventor
Primary Citizenship Country::	USA
Status::	full capacity

Given Name::	Herbert W.
Family Name::	Harris
City of Residence::	Merion
State or Province of Residence::	PA
Country of Residence::	USA
Street of mailing address::	121 Glenwood Road
City of mailing address::	Merion
State or Province of mailing address::	PA
Postal or Zip Code of Mailing Address	19066

**Applicant Two Information**

Applicant Authority type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name:	Steven M.
Family Name::	Leventer
City of Residence::	Langhorne
State or Province of Residence::	PA
Country of Residence::	USA
Street of mailing address::	72 Oakwynne Terrace
City of mailing address::	Langhorne
State or Province of mailing address::	PA
Postal or Zip Code of Mailing Address	19047

**Applicant Three Information**

Applicant Authority type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name: Robert F.

Family Name:: Kucharik

City of Residence:: Glenmoore

State or Province of Residence:: PA

Country of Residence:: USA

Street of mailing address:: 1 Ashlea Drive

City of mailing address:: Glenmoore

State or Province of mailing address:: PA

Postal or Zip Code of Mailing Address 19343

**Domestic Priority Information**

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This Application is a	Non-Provisional of	Provisional 60/430,770	December 3, 2002

**Representative Information**

Representative Customer Number::	23973
Representative Contact::	Daniel A. Monaco
Contact Number::	(215) 988-3312

**Assignee Information**

Assignee name::	Vela Pharmaceuticals, Inc.
Street of mailing address::	3131 Princeton Pike
Street of mailing address::	Building 4, Suite 216
City of mailing address::	Lawrenceville
State of mailing address	NJ
Country of mailing address::	United States of America
Postal or Zip Code of mailing address::	08648